PART B - FEE(S) TRANSMITTAL



Complete and fond this form, together with applicable fee(s), to: Mail

2 6 2006

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

TRUCTIONS This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where private and interpretation of maintenance fees will be mailed to the current correspondence address as called three and interpretations of maintenance fees will be mailed to the current correspondence address as called three and interpretations of maintenance fees will be mailed to the current correspondence address as called three and interpretations. The provided three address are called three and interpretations are considered three and interpretations. maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

23906

7590

03/18/2004

E I DU PONT DE NEMOURS AND COMPANY LEGAL PATENT RECORDS CENTER BARLEY MILL PLAZA 25/1128 4417 LANCASTER PIKE **WILMINGTON, DE 19805**

Inna Belopolsky Neil Feltham

Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Carol Reeder	(Depositor's name)
Carolfled	Q (Signature)
April 21, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/074.389	02/12/2002	Mark A. Scialdone	CL 1723 US NA	5572	

TITLE OF INVENTION: ANGIOGENESIS-INHIBITORY TRIPEPTIDES, COMPOSITIONS AND THEIR METHODS OF USE

nonprovisional NO \$1330 \$300 \$1630 06/18/2004 EXAMINER ART UNIT CLASS-SUBCLASS WAX, ROBERT A 1653 435-018000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. "To expect the patch of the patch front page, list (1) the names of up to 3 registered patent attorneys or agents and member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
WAX, ROBERT A 1653 435-018000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The change of correspondence address or indication of "Fee Address" (37 or agents of up to 3 registered patent attorneys or agents of up to 2 registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name attorneys or agents. If no name is listed, no name attorneys or agents. If no name is listed, no name attorneys or agents. If no name is listed, no name attorneys or agents. If no name is listed, no name attorneys or agents. If no name is listed, no name attorneys or agents. If no name is listed, no name attorneys or agents. If no name is listed, no name attorneys or agents. If no name is listed, no name attorneys or agents. If no name is listed, no name attorneys or agents. If no name is listed, no name attorneys or agents. If no name attorneys or agents attorneys or agents attorneys or agents. If no name attorneys or agents attorneys or agents attorneys or agents. If no name attorneys or agents attorneys or agents attorneys or agents attorneys or agents a	nonprovisional	NO	\$1330		\$300	\$1630	06/18/2004	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer	EXAMINER ART		ART UNI	T UNIT CLASS-SUBCLAS				
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer	WAX, RC	OBERT A	1653		435-018000	_		
	CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			names of agents O firm (hav agent) an attorneys	f up to 3 registered patent a R, alternatively, (2) the name ring as a member a registered and the names of up to 2 regist or agents. If no name is liste	attorneys or 1 of a single attorney or 2 tered patent		

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

E. I. du Pont de Nemours and Company

Wilmington, Delaware

Please check the appropriate assignee category or categories (w	ill not be printed on the patent):	individ	ual 🔘	corporation or other priva	ate group entit	y 🚨 government
4a. The following fce(s) are enclosed:	4b. Payment of Fec(s):					/
XX Issue Fee	☐ A check in the am	ount of the fe	e(s) is en	closed.		
XM Publication Fce	☐ Payment by credit card. Form PTO-2038 is attached.					
□ Advance Order - # of Copies	XX The Director is hereby authorized by charge the required fee(s), or credit any overpayment, 1 Deposit Account Number 04-1928 (enclose an extra copy of this form).					
Director for Patents is requested to apply the Issue Fee and Pub	lication Fee (if any) or to re-apply	any previou	sly paid i	ssue fee to the application	n identified ab	ove.
NOTE; The Issue Fee and Publication Fee (if required) wi other than the applicant; a registered attorney or agent; or interest as shown by the records of the United States Patent ar	the assignee or other party in	04/	27/2004	BSAYASI2 00000069	041928	10074389
This collection of information is required by 37 CFR 1.311 obtain or retain a benefit by the public which is to file (an application. Confidentiality is governed by 35 U.S.C. 122 and estimated to take 12 minutes to complete, including gatherin completed application form to the USPTO. Time will vary case. Any comments on the amount of time you require suggestions for reducing this burden, should be sent to the Patent and Trademark Office, U.S. Department of Co 22313-1450. DO NOT SEND FEES OR COMPLETED I SEND TO: Commissioner for Patents, Alexandria, Virginia 2.	g, preparing, and submitting the depending upon the individual to complete this form and/or Chief Information Officer, U.S. mmerce, Alexandria, Virginia FORMS TO THIS ADDRESS.		FC:1501 FC:1504	1330.00 DA 300.00 DA		

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.